LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH OFFICE OF ADMINSTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION

Departmental Quality Improvement Council Meeting

A G E N D A
September 10, 2018
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Sandr	Sandra Chang Ptasinski, Ph.D., Chair Karen Lee, M.D./Carol Eisen, M.D., Co-Chairs				
ı	9:00 - 9:05	Introductions & Review of Minutes	QIC Members		
II	9:05 – 9:15	Clinical Quality Improvement > OMD Report Updates > Feedback on Safety Intelligence.	K. Lee D. Benosa		
III	9:15 – 9:30	Language Interpretation Services for LEs/Contract Providers	J. Chacon		
IV	9:30 – 9:40	Patients' Rights Office Updates	M. Hernandez		
V	9:40 – 9:50	Cultural Competency Updates Completion of Annual CC training Tracking of Completed CC Training Reports CC Organizational Assessment Project	S. Chang Ptasinski		
VI	9: 50 – 10:00	Compliance, Privacy, & Audit Svcs Bureau Policy Updates	R. Faveau		
VII	10:00 – 10:10	ACCESS Updates	M. Carlock		
VIII	10:10 – 10:15	PMRT Data	L. Shonibare		
IX	10:15 – 10:30	QID Updates ➤ QI Work Plan Goals Evaluation – CY 2017 & QI Work Plan 2018 Goals ➤ EQRO Review – Attendance for QIC Chairs/Co-Chairs and PIPs session ➤ Timeliness Self-Assessment Survey	L. Shonibare		
		Announcements:			

Next Meeting
December 10, 2018
9:00 – 10:30 a.m.
550 S. Vermont Ave. 10th Floor Conference Room

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Departmental Quality Improvement Council	Date:	September 10, 2018	
550 S. Vermont Ave., 10 th Floor Conf. Rm.	Start Time:	9:00 a.m.	
Sandra Chang Ptasinski, Ph.D.	End Time:	10:30 a.m.	
Carol Eisen, M.D./Karen Lee, M.D.			
Hurtado; Daiya Cunnane; Dara Vines; Evelyn Lemus; Gassia Ekizian; Greg T Ximenez; Lisa Harvey; Lisa Thigpen; L	Debi Berzon-Leitelt chakmakjian; Hyun u Ann Sanders; LyN	; Doris Benosa; Elizabeth Marsh; Eri Kyung Lee; Jessica Walters; Kimbe Netta Shonibare; Margaret Faye; Ma	ca Melbourne; r Salvaggio; Leticia ria Gonzalez;
		avlin; Emilia Ramos; Jerry Sefiane; Ł	Karen Lee; Martin
Discussion and Finding	ngs	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
The meeting was called to order at 9:0	0 a.m.	QIC members attended this meeting.	Dr. Chang Ptasinski
The August minutes were reviewed.		Minutes were reviewed and approved as noted.	QIC Membership
	Sandra Chang Ptasinski, Ph.D. Carol Eisen, M.D./Karen Lee, M.D. Alyssa Bray; Angelica Fuentes; Barbar Hurtado; Daiya Cunnane; Dara Vines; Evelyn Lemus; Gassia Ekizian; Greg T Ximenez; Lisa Harvey; Lisa Thigpen; L Michele Munde; Misty Aranoff; Randoll Carol Eisen; Cathy Williamson; Christir Hernandez; Michelle Rittel; Wendy Riv Discussion and Finding	Start Time: 550 S. Vermont Ave., 10 th Floor Conf. Rm. Sandra Chang Ptasinski, Ph.D. Carol Eisen, M.D./Karen Lee, M.D. Alyssa Bray; Angelica Fuentes; Barbara Paradise; Caesar Hurtado; Daiya Cunnane; Dara Vines; Debi Berzon-Leitelt Evelyn Lemus; Gassia Ekizian; Greg Tchakmakjian; Hyun Ximenez; Lisa Harvey; Lisa Thigpen; Lu Ann Sanders; Lyl Michele Munde; Misty Aranoff; Randolph Faveau; Sandra Carol Eisen; Cathy Williamson; Christina Kubojiri; David T Hernandez; Michelle Rittel; Wendy Rivas; Yen-Jui-Lin Discussion and Findings The meeting was called to order at 9:00 a.m.	Quality Improvement Council 550 S. Vermont Ave., 10th Floor Conf. Rm. Sandra Chang Ptasinski, Ph.D. Carol Eisen, M.D./Karen Lee, M.D. Alyssa Bray; Angelica Fuentes; Barbara Paradise; Caesar Moreno; Courtney Stephen; Cindy Furtado; Daiya Cunnane; Dara Vines; Debi Berzon-Leitelt; Doris Benosa; Elizabeth Marsh; Eri Evelyn Lemus; Gassia Ekizian; Greg Tchakmakjian; Hyun Kyung Lee; Jessica Walters; Kimbe Ximenez; Lisa Harvey; Lisa Thigpen; Lu Ann Sanders; LyNetta Shonibare; Margaret Faye; Ma Michele Munde; Misty Aranoff; Randolph Faveau; Sandra Chang Ptasinski; Socorro Gertmenia Carol Eisen; Cathy Williamson; Christina Kubojiri; David Tavlin; Emilia Ramos; Jerry Sefiane; Hernandez; Michelle Rittel; Wendy Rivas; Yen-Jui-Lin Discussion and Findings Decisions, Recommendations, Actions, & Scheduled Tasks The meeting was called to order at 9:00 a.m. QIC members attended this meeting. Minutes were reviewed and

Agenda Item &	Discussion & Findings	Decisions, Recommendations,	Person
Presenter Clinical Quality	Ms. Benosa provided an update on the conversion of Legal	Actions, & Scheduled Tasks For any questions, issues with SI	Responsible D. Benosa
Improvement OMD	Entities/Contract Providers to the Safety Intelligence (SI)	access or to obtain a C number	D. Dellosa
Report	online reporting system. Although most of LACDMH	please contact the help desk at	
Safety Intelligence	Contract Providers are now using SI, others continue to send paper reports via fax, which Clinical Risk Management (CLRM) has been rejecting. Ms. Benosa mentioned that everyone should have a C number by now. CLRM has been tracking communication with providers regarding the conversion process. Ms. Benosa asked the QIC chairs/co-chairs to encourage all Providers to come on board. The policy on event reporting is being updated.	(213) 351-1335. For assistance on how to fill out the form contact Ms. Benosa at (213) 351-6677, Ms. Ly Ngo at (213) 351-6673, or Ms. Vanessa D. Jenkins at (213) 351-6676.	
Patients' Rights Office Updates (PRO)	No report.		
Cultural Competency (CC) Updates	Dr. Chang Ptasinski announced that the Medi-Cal System Review will take place in February 2019. There are several new items in the protocol related to the Final Rule. For example: • Annual Cultural Competence training required of practitioners. • Provider Directory specifications		S. Chang Ptasinski

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Cultural	For purposes of tracking the completion of annual CC	If you need the attestation form,	S. Chang
Competency (CC) Updates Cont.	training required under the CC Plan requirements, the Cultural Competency Unit (CCU) has an attestation form in	please contact Dr. Chang Ptasinski at (213) 251-6723.	Ptasinski
opuates Cont.	place, in which Providers report the percentage of staff who have completed the training. The CCU is in the process of creating a report to be submitted to the SA District Chiefs by provider number and percentage of staff trained. Dr. Chang Ptasinski stated that some of the attestation forms received report less than 100% completion. These Providers need to work toward the goal of 100% staff completion and resubmit a new form. Cultural Competence trainings such as the Cultural Competency 101, and the Implicit Bias count toward meeting the requirement.	r tasiiiski at (213) 231-0723.	
	Another CCU project mentioned by Dr. Chang Ptasinski is the Cultural Competence Organizational Assessment. The CCU hired a consultant, Davis Ja and Associates, to develop a survey that will be sent to all LACDMH staff including Legal Entities and Contract Providers. The tool gathers information on staff perceptions on what the Department has in place regarding cultural competency. The Discipline Chiefs are reviewing and providing feedback on the survey which will be submitted to the consultant team. It will be made available electronically soon. The survey also allows for fill-in comments. For example, the CCU will gather feedback from staff on what kinds of cultural competence training will be useful for the future. Results will be shared at the Departmental QIC meeting.		
Compliance, Privacy, & Audit Svcs Bureau	Mr. Faveau from Compliance Privacy and Audit Services Bureau provided an update on policies and reviewed the handout.	Policies are currently on HOLD waiting for the new formatting to be approved by Executive staff.	R. Faveau

Agenda Item &	Discussion & Findings	Decisions, Recommendations,	Person
Presenter		Actions, & Scheduled Tasks	Responsible
ACCESS Center Update	Dr. Carlock distributed a handout on ACCESS Center calls answered within 1-minute for FY 17- 18, Business hours 8-5 Monday to Friday and after hours' service level. He stated that ACCESS Center keeps track of all incoming calls and also tracks calls answered within 1 minute. Approximately about 10,000 to 15,000 calls are received by the ACCESS Center per month.		M. Carlock
	Dr. Walters provided an update on access to care issues: Clinics are not accommodating consumers and referring them to call back the ACCESS Center to get a new referral or new appointment. Consumers who live outside the Service Area but are still within the 15 mile requirement or need specific language not available at a given provider site are being turned away. Per the Access to Care policy, clinics should link consumers to an appropriate clinic or contact SA navigator. For the appointment line at ACCESS, each week LACDMH clinics give several slots depending on their accessibility. The slots are used for managed care priority appointments and DHS routine appointments. Dr. Walters mentioned that years ago Dr. Kay sent a memo stating that these slots are to be used for managed care appointments in addition to DHS routine appointments. Question: Has the ACCESS Center identified something that would be helpful in terms of the SA QIC? Answer: Either refer consumers to another clinic to accommodate their needs or check with the SA navigator.		J. Walters

Agenda Item &	Discussion & Findings	Decisions, Recommendations,	Person
Presenter	Overtions Describes the file	Actions, & Scheduled Tasks	Responsible
ACCESS Center Update Cont.	Question: Do you have the telephone number or who to contact when consumers request languages other than English? Where they go for help in case they have problems with translation/interpretation services? Answer: Depending on the need/complaint, consumers can be referred to the Patient Rights Office and if there is an issue with the interpreter line send an email to Dr. Walters.		J. Walters
PMRT Data	Dr. Shonibare led a discussion on the responsiveness of the after-hours Psychiatric Mobile Response Teams (PMRT) in CY 2017. The goal of 71% of after-hours PMRT calls receiving a response within one hour or less was not met for CY 2017. Due to the increase in the number of requests for after-hours PMRT visits with no parallel increase in staffing, there was a 11 (60%) Percentage Point (PP) decline in ACCESS Center PMRT responsiveness when compared to CY 2016. In CY 2017, there was a 24 PP increase in the number of after-hours PMRT requests when compared to CY 2016. Dr. Shonibare provided an overview of the Quality Improvement Work Plan Evaluation Report for CY 2017. Nineteen goals were evaluated for CY 2017 and 18 of the goals met or exceeded expectations. Notable changes from the previous year's report were reviewed.		L. Shonibare

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
PMRT Data	The Service Delivery Capacity goals for the Latino and API populations were met in FY 16-17. When compared to the FY 15-16, the estimated prevalence of individuals with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) at or below 138% Federal Poverty Level (FPL) decreased for the API and Latino ethnic groups in FY 16-17. The number of consumers served for the API ethnic group increased from 36% (N=9,340) to 41% (N=7,252) and from 53% (N=106,094) to 60% (N=103,172) for the Latino ethnic group.		L. Shonibare
QI Updates	The Monitoring Continuity of Care goal regarding the number of Consumers Referred for Urgent Appointments was met for CY 2017 after not being met in CY 2016. The number of requests for urgent appointment has been trending upwards. This goal will no longer be exclusive to Medi-Cal Managed Care Plans. The number of Urgent Appointments received within five (5) business days from the date referred by the LACDMH Collaboration programs, DHS eConsult, Medi-Cal Managed Care Plans, and PES to the Urgent Appointment Line will be evaluated for CY 2018.		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
QI Updates Contd.	The five updated/new QI Work Plan goals for CY 2018 were also discussed. In CY 2018, the goal percent for the number of calls answered within one minute will be 75% for after-hour calls and 75% for business hours calls. The expectations for expedited appeals and grievances was updated to 72 hours following the receipt of the appeal and 90 calendar days from the date of the grievance, accordingly. As of FY 17-18, the number and reasons for approved, denied, and returned Prescription Drug Prior Authorization (PA) Requests will be evaluated in the QI Evaluation Report 2018. In response to the growing requests for urgent appointments, the expectation is that 94% of the consumers referred for urgent appointments will received a Specialty Mental Health Service (SMHS) Assessment within five business days.		L. Shonibare
Handouts:	Policy/Procedure Update September 10, 2018.		
Announcements:	none		

Respectfully Submitted,

Sandra Chang Ptasinski, Ph.D.